



Form No. 1M
(A/02-09)

Town of Spencer
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Permit No:

EVENT REGISTRATION

I. APPLICANT INFORMATION		
Name:		Phone No.: () -
Address:		
City:	State:	Zip:
II. EVENT INFORMATION		
Name of Event:		Date of Event:
Location of Event:		
Group/Entity Sponsoring Event:		
Address:		Phone No.: () -
III. POINT OF CONTACT INFORMATION		
Name:		Phone No.: () -
Address:		
City:	State:	Zip:
Date of Birth: / /	Social Security No: - -	Drivers License No: - - A copy of your driver's license must be attached to this application.
IV. ADDITIONAL INFORMATION		
Facilities Requested or Required:		
Do you need coordination with any of the following departments? Please list your reason for the request. <input type="checkbox"/> Spencer Police, _____ <input type="checkbox"/> Owen County Sheriff, _____ <input type="checkbox"/> Owen County EMS, _____ <input type="checkbox"/> Owen Valley Fire Territory, _____ <input type="checkbox"/> Town Council Members, _____		

Permit No:

I, the undersigned acknowledge and agree that I am an agent and representative of the group or entity identified above and that the information contained herein is true and correct. The individual and entity acknowledge and understand that the activities of the sponsoring group are the full responsibility of that entity and that the Town of Spencer does not endorse, support or sanction any of such activities as a municipal government. The organizers, agents and entities involved in the event shall hold the Town of Spencer harmless from all injuries to person or property occurring by reason of the activities sponsored. The Town of Spencer shall have no responsibility for the planning and execution of the activities of the sponsoring entity and is immune from civil liability for the failure of the event to perform or conduct its program as published or promoted.

Signature:

Date:

Printed Name:

Title (if applicable):

Office Use Only

Drivers License attached: ☐ Yes ☐ No

Permit Fee = \$ _____

Paid by ☐ Cash ☐ Check No. _____

Are there inspections that need to be performed (i.e. electrical), if so, by what department?

Coordination approval of each department requested in application.

Department Head Approval:

☐ **Spencer Police**

☐ **Owen County Sheriff**

☐ **Owen County EMS**

☐ **Owen Valley Fire Territory**

☐ **Town Council Members**
